		Effecti	Ve Kovem	ber 10, 1998	3		]	01	110	, 12	ノ	
		CLAIMS AS	FILED - olumn 1)	PART I (Colu	mn 2)	·	SMALL ENTITY OTHER TO					
FO	R	NUMBE	R FILED	NUMBER 6	EXTRA	Γ	RATE	FEE		RATE	FEE	
ВА	SIC FEE							380.00	OR	760.00		
то	TAL CLAIMS	49	minus 2	20= *	7 28	ſ	X\$ 9=		OR	X\$18= 4/8/4.0		
IŅD	EPENDENT CL	AIMS /9	minus	3 = * / (0		İ	X39=		OR	X78= 1248,0		
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT			ŀ	+130=			+260=	1-1 10700	
* (f	the difference	in column 1 is l	ess than ze	ro, enter "0" in c	olumn 2	L	TOTAL		OR OR	TOTAL		
	C	LAIMS AS A	MENDED	_ DARTII			IOIAL		JUN	OTHER	TUAN	
•	· ·	(Column 1)	MENDED	(Column 2)	(Column 3)		SMALLE	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQ.	Total	*	Minus	##	=	1	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***	=		-X39=		OR	X78=		
_	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT CLAIM	l		+130=		OR	+260=		
						L	TOTAL			TOTAL		
		(Column 1)	•	(Column 2)	(Column 3)	Α	DDIT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
	Total	*	Minus	##	ε .		X\$ 9=	·	OR	X\$18=	en i tage.	
ME	Independent	*	Minus	***	E		X39=		OR	X78=		
-	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT CLAIM		\	+130=		OR	+260=		
				•		L	TOTAL			TOTAL ADDIT. FEE		
	<u> </u>	(Column 1)		(Column 2)	(Column 3)		VDDIT. FEE		•	AUVII. FEC		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TION/ FEE	
	Total	*	Minus	**	E	] [	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=		X39=	7.	OR	X78=	1	
	FIRST PRES	ENTATION OF M	IULTIPLE DE	PENDENT CLAI	À	1	.120	1	1 .		1	
١.	If the entry in col	umn 1 is less than	the entry in ∞	lumn 2, write "0" in c	columin 3.		+130=		OR	+260=		
	• If the "Highest N •••If the "Highest N	umber Previously I Iumber Previously I	Paid For IN TI Paid For IN TI	HIS EPACE Is less the HIS EPACE Is less to	han 20, enter *20 han 3, enter *3.*		ADDIT. FEE	ļ	JOR	ADDIT. FE	E A	
	The Highest No	mber Previously P	eld For (Total	or independent) is t	he highest numb	er for	und in the a	ppropriate b	ox in o	olumn 1.		
1	人名英格特 人名英格兰	्राप्त । अन्यत्र क्षेत्रकात् व निर्मा	ALCOHOLOGY TO THE	Carteria Constitution	これにはおけるから とかいか	mers significant	yene engage pe	100		THE KANDER	AND PAILSIA	

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

	PATENT /	APPLICATIO Effe	ON FEE Dective Octob			ION RECO	RD	/	3 3	1 0		/ - 10:	
			AS FILED - Column 1)	PART		(f   ()        umn	15	SMALK TYPE	ENTITY	OR	OTHER SMALL	R THAN ENTITY	
FOR NUMBER FILED N			NUMBER	EXTRA		RATE	FEE		RATE	FEE			
BASIC FEE								395.00	OR		790.00		
TOTA	AL CLAIMS		## minus 20 = * ##			,	x\$11=		OR	x\$22=	518		
INDEPENDENT CLAIMS minus 3 =				us 3 =	* /	'/		x41=		OR	x82=	1394	
MULT	TIPLE DEPEND	DENT CLAIM PRES	SENT				╽┟	+135=		OR	+270=	711	
* If th	he difference in co		TOTAL		OR	TOTAL	12/1/2						
CLAIMS AS AMENDED - PART II								•		) On	OTHER THAN		
	<u> </u>	(Column 1)	(Column 2) (Column 3)			SMALL ENTITY			OR		ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	*	Minus	**		=	×	κ\$11=		OR	x\$22=		
ME	Independent	*	Minus	***		=		x41=		OR	x82=		
^	FIRST PRES	SENTATION OF	MULTIPLE	DEPE	NDENT CL	AIM	-	-135=		OR	+270=		
		TOTAL ADDIT. FEE					OR ,	TOTAL ADDIT. FEE					
ENT B		(Column 1)  CLAIMS REMAINING AFTER AMENDMENT		HIG NU PREV	olumn 2) GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**		=	,	x\$11=		OR	x\$22=		
AMENDMENT	Independent	*	Minus	***		=		x41=		OR	x82=		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +							-135=		OR	+270=		
		(Column 1)		(Cc	olumn 2)	(Column 3)	ADI	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
P P	<b>Total</b>	*	Minus	**		=	×	(\$11=		OR	x\$22=		
AMENDMENT	Independent	*	Minus	***		=	;	x41=		OR	x82=		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Application or Docket Number